

The Department of Ecology does NOT Warranty the Data and/or the Information on this Well Report.

**WATER WELL REPORT**  
**State of Washington**

IC Site ID: **3VT** Unique Well ID  
Start Card:  
Water Right:

(1) **OWNER:** Name: **ELLINGSEN-DAVIES WATER SYSTEM**

Address:

(2) **LOCATION OF WELL:** Island: **Camano**

Township/Range-Section: **32N/02E-23A**

Parcel Number: **S8355-03-00005-0**

(2a) **Well Address** **424 W NORTH CAMANO DRIVE (from par** PWS-ID: **057152** Source: **1** PWS-Name: **Ellingsen-Davies Water System**

(3) **PROPOSED USE:** **Domestic**

(4) **TYPE OF WORK:** Owner's Well Number (if more than one): **1**

**Method:**

(5) **DIMENSIONS:** Diameter of Well: inches.

Drilled: feet. Depth of Completed Well: **135** ft.

(6) **CONSTRUCTION DETAILS:**

*Casing Installed:* Diam. (in) from to (ft)

*Screens:* Type Zone Diam Slot from to (ft)

*Surface seal:*  
Material: To depth: ft.

(7) **PUMP:**

Type: **Submersible** Horsepower: **0.75**

(8) **WATER LEVELS:** 1 Land-surface elevation (MSL): **114.0** ft.

AvgWL Elevation: **9** Calc'd Elev: **114** ft.

Earliest Level: **105.00** ft. below toc Date: **1/1/1997**

Lastest Level: **105.00** ft. below toc Date: **1/1/1997**

Average Level: **105.00** ft. below toc Average Date: **1/1/1997**

(9) **WELL TESTS:**

Type	Yield	Drawdown	After	Date
<b>Pump</b>	<b>10</b> gpm	feet	hours	

(10) **WELL LOG DESCRIPTION:**

Material

From From  
BGS MSL Thick

**RECEIVED**

**APR 24 2007**

**DEPT. OF ECOLOGY**

Work Completed: TD Elev: **-21** ft. MSL

**WELL CONSTRUCTOR CERTIFICATION:**

Name: **Unknown**

Address:

Contractor's

Registration Number:

Remarks: **No well log available. Original agreement 1964. Therefore well drilled prior. Data obtained from DOH report. TRS changed from 32N/02E-14R after Parcel Check.**

Max CL: Generated by the Island County

Max NO3: Hydrogeologic Database: **4/20/2007**

Disclaimer: Data presented has been collected from a variety of sources. Island County makes no guarantee as to the validity or accuracy of this data. Please report any errors to the Island County Hydrogeologist



# Well Tagging Form

Unique Well Tag No: ALT102

## RECORD VERIFICATION (check ☒ one)

- ☐ Well Report available *(please attach this form to the well report and submit it to the Ecology Regional Office near you)*
- ☐ Verification inconclusive
- ☒ Well Report not available

## WELL OWNERSHIP IF DIFFERENT FROM WELL REPORT

Name: Ellingsen-Davies Water System

Street Address: \_\_\_\_\_

City: CAMANO ISLAN

State: WA

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## WELL LOCATION IF DIFFERENT FROM WELL REPORT

Well Address: 424 W N Camano Dr/S8355-03-00005-0

City: Camano Island

County: Island

T. 32N

R. 02E W.M.

Sec. 23

NE 1/4 of the NE 1/4

## FOR AGENCY USE ONLY

Latitude: 48 15.28622

Longitude: 122 30.32689

Elevation at land surface 114 feet meters (circle one)

### Additional Information, if available:

- ☐ Location marked on topographic map *(please attach)*
- ☐ Location marked on air photo *(please attach)*

- ☒ GPS
- ☐ Topographic Map
- ☐ Survey
- ☐ Computer generated

- ☐ Digital Altimeter
- ☐ Topographic Map
- ☒ Other: Computer Generated from DEM and GPS XY Coordinates

Tag placed and well  
GPS'd by:



FOR AGENCY USE ONLY

WELL CHARACTERISTICS

Physical Description of well (size of casing, type of well, housing, etc.)

Pumphouse Is On Right Down Driveway Behind Gate.

Location of Well Identification Tag:

Was supplemental tag needed for easy of identifying well?

☐

Yes

☒

No

If yes, where was tag placed?

D	C	B	A
E	F	G	H
M	L	K	J
N	P	Q	R

SECTION: 32N/02E-23

COMMENTS:

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Water Right #

Date Issued:

Circle One:

Application

Permit

Certificate

Claim

Exempt